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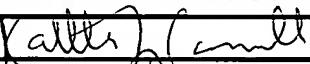
## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM  (to be used for all correspondence after initial filing)	Application Number	10/750,304	
	Filing Date	December 31, 2003	
	First Named Inventor	TONCICH, Stanley S.	
	Art Unit	2817	
	Examiner Name	PHUONG, D.	
Total Number of Pages in This Submission	17	Attorney Docket Number	UD1 00001

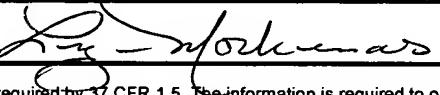
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; display: inline-block;">Return Receipt Postcard</div>

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kathleen Connell Reg. No.: 45,344 KYOCERA WIRELESS CORP.	
Signature		
Date	3/8/2005	

### CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Lynn Morkunas	
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